

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAUFORM
SA-5132ADUE
DATE ▸

1999 SERVICE ANNUAL SURVEY

Cable Networks and Program Distribution

NOTICE — Your report to the Census Bureau is confidential by law (Title 13, U.S. Code). It may be seen only by sworn Census employees and may be used only for statistical purposes. The law also provides that copies retained in your files are immune from legal process.

RETURN COMPLETED FORM TO

U.S. CENSUS BUREAU
1201 East 10th Street
Jeffersonville, IN 47132-0001Any questions call
1-800-772-7851 weekdays,
8:30 a.m. to 5:00 p.m. EST138
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(Please correct any error in name, address, or ZIP Code)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, U.S. Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau.

Item 1 SURVEY COVERAGE

This report covers all domestic locations operated by your company and its subsidiaries primarily engaged as third-party distribution systems for broadcast programming. These locations deliver visual, aural, or textual programming received from cable networks, local television stations, or radio networks to consumers via cable or direct-to-home satellite systems on a subscription or fee basis. Locations do not generally originate programming material.

Does the above coverage describe this firm's business activity?

0001 1 ☐ Yes – Continue with Item 32 ☐ No – Specify your business activity and continue with Item 3 ▸

0002

Item 2 NOT APPLICABLE TO THIS FORM

Item 3 REPORT PERIOD

Mark (X) the one box which best describes the period covered by your report.

0006 1 ☐ Calendar year – Go to Item 4A

If the data reported are for a period other than the "calendar year," please enter the beginning and ending dates.

2 ☐ Fiscal year3 ☐ Less than 12 months } →

From

To

1999			1998		
Month	Day	Year	Month	Day	Year
0007			0057		
0008			0058		

Item 4A	SOURCES OF REVENUE	Estimates are acceptable if book figures are not available.	Key code	1999				Key code	1998			
				Bil.	Mil.	Thou.	Dol.		Bil.	Mil.	Thou.	Dol.
	See the enclosed instruction sheet before completing this section.											
	Enter "0" in items where applicable.											
	Do Not combine data for two or more detail lines.											
	Do NOT include Intra-company revenue or transfers.											
	Line 1 — System operators and program providers — Exclude commissions paid to agency representatives and brokers, but include trade-outs and barter, and political advertising revenue.	1. Advertising revenue (net)	748					798				
	Line 2 — Program providers — Include revenue from system operators and other customers for programming services. System operators include revenue from customers for programming services.	2. Program revenue	814					864				
	Line 3 — System operators — Include subscription fees received for basic and non-premium service tiers from residential and commercial customers.	Cable systems and multichannel video distribution (MVPD)										
	Line 5 — System operators — Include revenue from premium services such as movie channels.	3. Basic service tier	815					865				
	Line 7 — System operators and program providers — Report all other cable and pay television revenue, such as service charges, rental or lease of channel capacity, etc. System operators — include revenue from shop-at-home programs.	4. Pay-per-view service	816					866				
	Line 9 — System operators — Report revenue from providing Internet access, cable modem service and online information service.	5. Other premium service	817					867				
	Line 12 — System operators — Report all other communication service revenue.	6. Installation, startup and reconnect fees	818					868				
	Line 13 — System operators and program providers — Other operating revenue — Report other operating revenue, including sales of merchandise. Exclude nonoperating revenue such as income from investments, the sale of securities, real estate, etc.	7. Other cable and Pay TV revenue	819					869				
	Note — If the amount reported on line 13 is greater than 50 percent of the total operating revenue reported in line 14, indicate the source of this revenue in the "Remarks" section on page 4.	8. Total cable and other Pay TV revenue	820					870				
		Communication service revenue										
		9. Internet access fees (include subscriptions from on-line services)	821					871				
		10. Local telephone service	822					872				
		11. Long distance telephone service	828					878				
		12. Other communication service revenue	824					874				
		13. Other operating revenue	749					799				
		14. TOTAL OPERATING REVENUE →	002					052				

Item 4B		E-COMMERCE RECEIPTS/REVENUE																																					
(E-commerce receipts/revenue are sales of goods and services over an Internet, extranet, EDI, or other online system. Payment may or may not be made on-line.)																																							
Estimates are acceptable if book figures are not available.																																							
1. Did your firm have e-commerce receipts/revenue during 1999 and/or 1998?																																							
										Month (i.e., June=06)		Year (i.e., 1999=99)																											
										0010																													
0011 1 <input type="checkbox"/> Yes — Enter the date your firm began e-commerce sales. →																																							
2 <input type="checkbox"/> No — Continue to Item 4C.																																							
2. What were your firm's e-commerce receipts/revenue for 1999 and 1998? (Include e-commerce receipts/revenue in Item 4A. Exclude sales taxes.) →																																							
<table border="1"> <thead> <tr> <th rowspan="2">Key code</th> <th colspan="4">1999</th> <th rowspan="2">Key code</th> <th colspan="4">1998</th> </tr> <tr> <th>Bil.</th> <th>Mil.</th> <th>Thou.</th> <th>Dol.</th> <th>Bil.</th> <th>Mil.</th> <th>Thou.</th> <th>Dol.</th> </tr> </thead> <tbody> <tr> <td>005</td> <td></td> <td></td> <td></td> <td></td> <td>055</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>												Key code	1999				Key code	1998				Bil.	Mil.	Thou.	Dol.	Bil.	Mil.	Thou.	Dol.	005					055				
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	Bil.	Mil.	Thou.	Dol.		Bil.	Mil.	Thou.	Dol.																														
005					055																																		

Item 4C	PAYROLL AND OTHER OPERATING EXPENSES	Estimates are acceptable if book figures are not available.	Key code	1999				Key code	1998			
				Bil.	Mil.	Thou.	Dol.		Bil.	Mil.	Thou.	Dol.
	Report costs incurred during 1999 and 1998, even though payments may have been made at a later date. Exclude sales or other taxes collected from customers and paid directly to a taxing authority.											
	<i>See the enclosed instruction sheet before completing this section.</i>											
	Enter "0" in items where applicable. Please Do Not combine data for two or more detail lines.											
	Line 1 — Report on a cash basis, the gross earnings paid to employees prior to deductions. If an unincorporated concern, exclude payments to proprietors or partners.											
	Line 2 — Report on a cash basis, in line 2a, employer's cost for legally required programs. Report on a cash basis, in line 2b, employer's cost for programs not required by law. Report in line 2a and line 2b the amounts actually contributed.											
	Line 3 — Program and production costs include talent and music license fees, the value of bartered programming, and all other costs of programming and production. Exclude payroll and employer contributions to employee benefit programs.											
	System operators include costs of all local origination programming. Include public access costs and fees.											
	Program providers include costs of all original programming produced or developed in-house.											
	Line 4 — Include depreciation on a) assets obtained through capital lease agreements, b) leasehold assets, and c) assets that you lease to others under an operating lease agreement. Exclude depreciation on intangible assets and assets leased to others by you under a capital lease agreement. Do not adjust for the value of depreciable assets sold or traded for replacement purposes.											
	Line 5 — Exclude payments by your firm to the parent company or organization (or any of its subsidiaries) for use of assets owned by them. Exclude installment payments for assets obtained through capital lease agreements.											
	Line 6 — Exclude repair costs included as part of a lease or rental agreement, improvements for which depreciation accounts are maintained, and repairs performed by employees of your company and its subsidiaries.											
	Line 7 — Report the cost of nonrevenue-generating purchased communication and utility services, including telephone, telex, telegraph, etc.											
	Line 9 — Include cost of insurance (less worker's compensation premiums), taxes, licenses, etc.											
	Line 9 and 10 — <i>See the enclosed instruction sheet to calculate Other Operating Expenses and Total Operating Expenses as they pertain to this survey.</i>											
	NOTE — If the amount reported on line 9 is greater than 50 percent of the total operating expenses reported in line 10, indicate the source of these expenses in the "Remarks" section on page 4 of this form.											
1.	Annual payroll		800					850				
2.	Employer contributions to employee benefit plans											
a.	Plans required under Federal and State legislation (including Social Security and Medicare (FICA), workers compensation insurance, etc.)		801					851				
b.	Other fringe benefit plans (including medical insurance, life insurance, etc.)		802					852				
3.	Program and production costs		825					875				
4.	Depreciation and amortization charges		805					855				
5.	Lease and rental costs		807					857				
6.	Cost of purchased repairs		809					859				
7.	Cost of purchased communications and utilities		811					861				
8.	Cost of purchased advertising		812					862				
9.	Other operating services		813					863				
10.	TOTAL OPERATING EXPENSES →		003					053				

Item 5 EXPORTED SERVICES

Estimates are acceptable if book figures are not available.

Note — An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 states, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions). Services performed for unaffiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.) are included. Exclude services provided to domestic subsidiaries of foreign firms.

Did the revenue reported in Item 4A include any amounts received for exported services?

0009

☐ Yes
☐ No

Key code	1999				Key code	1998			
	Bil.	Mil.	Thou.	Dol.		Bil.	Mil.	Thou.	Dol.
004					054				

Item 6 NUMBER OF LOCATIONS

Enter the total number of service locations covered by this report as of December 31, 1999 and 1998. A location is defined as an establishment with paid company personnel.

1999
Number1998
Number

0012

0062

Item 7 OWNERSHIP OR CONTROL

a. Does another firm own more than 50 percent of the voting stock or have the power to control the management and policies of this company?

0013

1 ☐ Yes
2 ☐ No

0014 Name of owning or controlling company

Number and street

City, State, and ZIP Code

EIN

0015

-

b. Did this firm acquire or merge with another company during 1999 or 1998?

0016

1 ☐ Yes
2 ☐ No

0017 Name of company acquired or merged with

Number and street

City, State, and ZIP Code

Date of merger
or acquisition

0018

Month Year

EIN

0019

-

Item 8 REMARKS — Please use this space for any explanations that may be helpful in understanding your reported data. For any separate correspondence pertaining to this report, please include the IDENTIFICATION number shown in the address label area or at the top of the page.

0027

Public reporting burden for this collection of information is estimated to average 3.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Associate Director for Finance and Administration; Attn: Paperwork Reduction Project; U.S. Census Bureau; Room 3104, FB 3; Washington, DC 20233-0001. PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.

Item 9 CERTIFICATION — This report is substantially accurate and has been prepared in accordance with instructions.

0020 Name of person completing this report — Please print	0021 Address (Number and street, city, State, ZIP Code)	0022 Telephone		
		Area code	Number	Extension
Signature of authorized person		0023 Fax		
		Area code	Number	Extension
0024 Title	0025 Date	0026 E-mail address		

Please return the completed form in the enclosed envelope.
If you prefer, you may fax the completed form to 1-800-447-4613.

SERVICE ANNUAL SURVEY

BROADCASTING AND TELECOMMUNICATIONS

GENERAL INSTRUCTIONS

Your report should be completed and returned in the preaddressed envelope provided on or before the due date. If the report does not appear to apply to your kind of business or activity, describe your business or activity in item 1 and complete the remainder of the form as accurately as possible.

If filing within the required time frame will cause an undue burden and you would like an extension, or if you have any questions, please write to the

U.S. Census Bureau
1201 East 10th Street
Jeffersonville, IN 47132-0001

or call our Census Bureau representative in Jeffersonville, Indiana at 1-800-772-7851, weekdays from 8:30 a.m. to 5:00 p.m., eastern time.

Always include your identification number, located in the address label, in any correspondence.

IF BOOK FIGURES ARE NOT AVAILABLE,
ESTIMATES ARE ACCEPTABLE.

Please read all instructions before making your entries.

Report data for the calendar year(s) specified. If calendar year records are not available, we will accept fiscal year data. Please note, however, that we prefer estimates for the calendar year to book figures covering a different time period. Report all values in dollars (omit cents). Enter "0" in items where appropriate. Please do not combine data for two or more revenue lines.

For location(s) sold or acquired during the year(s) specified, report only for the period that the location(s) were operated by this firm.

SPECIFIC INSTRUCTIONS

Other Operating Expenses

Other operating expenses include billing services, travel expenses, accounting and legal fees, dues and subscriptions, office supplies, data processing expenses, etc. Include the cost of computer software purchased under licensing agreements. Exclude income taxes, and local sales and excise taxes.

- Total operating expenses – Will not match to the company's income statement due to the cash and accrual methods requested for this survey. As a guide, compute total operating expenses as follows:

Total operating expenses (from income statement)

+Taxes – *If not included in operating expenses*

+ [Annual payroll (cash basis) + Employer contributions
(cash basis)]

- [Annual payroll (accrual basis) + Employer contributions
(accrual basis)]

=TOTAL OPERATING EXPENSES

- Other operating expenses – If other operating expenses are unavailable, calculate them as follows –

TOTAL OPERATING EXPENSES FOR SURVEY

-(Lines 1 through 9 under the payroll and other operating expenses item on survey report form)

=OTHER OPERATING EXPENSES

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